



CITY OF PENDLETON

500 SW Dorion Avenue

Pendleton, OR 97801

(541) 966-0203

FAX (541) 966-0251

Date: _____

Staff: _____

ENGINEERING APPLICATION

Name of project: _____

Applicant: _____ Company: _____ Phone No.: _____
(Name, Title)

Applicant address: _____

List people applicable to project (owner, developer, president of corporation, architect/engineer, contractor, etc):

1) Name: _____ Title: _____ Main project contact
Company: _____
Address: _____ Phone No.: _____

2) Name: _____ Title: _____ Main project contact
Company: _____
Address: _____ Phone No.: _____

3) Name: _____ Title: _____ Main project contact
Company: _____
Address: _____ Phone No.: _____

4) Name: _____ Title: _____ Main project contact
Company: _____
Address: _____ Phone No.: _____

BILLING INFORMATION:

Name: _____
Address: _____ Phone No.: _____

Scope/purpose of project: _____ Valuation: _____

Project location: _____

Map: _____ Tax Lot: _____ Zone: _____ Present use: _____

Are there any ongoing/previous planning actions associated with this project and if so, what are they?

Planning File No.: _____ Completion Date: _____ Planning File No.: _____ Completion Date: _____
Planning File No.: _____ Completion Date: _____ Planning File No.: _____ Completion Date: _____

Applicant's signature

Date

